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**F A X C O V E R P A G E****Date:** June 11, 2003**Total Pages:** 8  
(including cover)**To:** Ms. C.M. Haywood,  
U.S. Patent & Trademark Office**Fax:** 1.703.308.7749  
**Phone:** 1.703.308.9632**From:** William E. Winters**Fax:** 408.278.8257  
**Phone:** 408.282.1857  
**E-Mail:** wwinters@thelenreid.com**V I A F A X O N L Y**

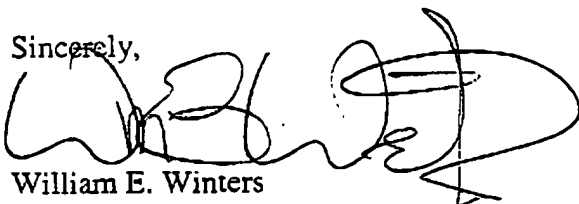
United States Patent Application No.: 09/942,448

Dear Ms. Haywood:

Attached is the Transmittal Form, including a Certificate of Mailing, showing that corrected drawings were sent to the U.S. Patent Office on December 3, 2001, in response to the October 2, 2001 Notice to File Corrected Application Papers.

Please call me if you have any questions.

Sincerely,

  
William E. Winters

WEW/rr

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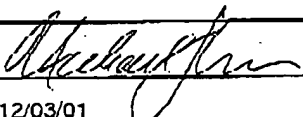
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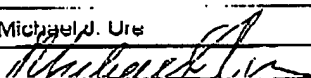
<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/942,448	
	Filing Date	08/24/2001	
	First Named Inventor	MECK	
	Group Art Unit	2817	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	110824TLC.US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below)
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael J. Ure
Signature	
Date	12/03/01

## CERTIFICATE OF MAILING

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